

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-010014**

DO NOT WRITE  
ON THIS STUB

AMENDED

Filed APR 04 1962 Primary Registration District No. 1000 Registrar's No. 387

STATE FILE NUMBER

VS 300  
Rev. 4/59

5117

20830

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF A. L. Herman, M.D.

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Weston</b>	
Length of stay in 1b <b>two hours</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSITUATION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Weston</b>	
3. NAME OF DECEASED (Type or print) First <b>Grace</b> Middle <b>May</b> Last <b>Smither</b>		4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-2-05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		11. BIRTHPLACE (City and state or country) <b>Oklamota, Oklahoma</b>	
13a. FATHER'S NAME <b>Louis Smither</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Beck</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>6</b>	
17. INFORMANT <b>Taft Smither</b>		Address <b>Weston, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		Unknown	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <b>3-31-62</b> to <b>3-31-62</b> and last saw her alive on <b>3-31-62</b>		Death occurred at <b>12:32 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>A. L. Herman M.D.</b>		22b. ADDRESS <b>706 Francis St. Joseph, Mo.</b>	
22c. DATE SIGNED <b>4-2-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4-2-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Weston, Missouri</b>		(State) _____	
24. FUNERAL DIRECTOR <b>Vaughn Funeral Home</b>		ADDRESS <b>Weston, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>April 4, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Clark Goodell</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.